

Type a plus sign (+) inside this box → ☐

0010/PTO
Rev. 6/95

U.S. Department of Commerce
Patent and Trademark Office

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing

Attorney Docket Number

H 3980 PCT/US

First Named Inventor

SEIPEL, Werner

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

OIL BATHS

(Title of the invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) **03/02/2000** as United States Application Number or PCT International

Application Number **PCT/EP00/01814** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
199 10 704.1	DE	03/10/1999	<input type="checkbox"/>	<input checked="" type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
		<input type="checkbox"/>

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION

Page 2

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/EP00/01814	03/02/2000	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Firm Name Customer Number or label

OR

☒ List Attorney(s) and/or agent(s) name and registration number below:

Name	Registration Number	Name	Registration Number
John E. Drach Steven J. Trzaska	32,891 36,296	Aaron R. Ettelman Henry E. Millson, Jr.	42,516 18,980

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: ☒ Customer Number or label **23657** OR ☒ Fill in correspondence address below

Name **Aaron R. Ettelman**

Address

Address

City State ZIP

Country Telephone **610-278-4930** Fax **610-278-6548**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned

Given Name	Werner	Middle Initial		Family Name	Seipel	Suffix e.g. Jr.	
------------	---------------	----------------	--	-------------	---------------	-----------------	--

Inventor's Signature Date

Residence: City	Hilden	State		Country	Germany	Citizenship	Germany
-----------------	---------------	-------	--	---------	----------------	-------------	----------------

Post Office Address **Hofstrasse 29**

Post Office Address

City	40723 Hilden	State		Zip		Country	Germany	Applicant Authority	
------	---------------------	-------	--	-----	--	---------	----------------	---------------------	--

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name	Hermann	Middle Initial		Family Name	Hensen	Suffix e.g. Jr.	
------------	----------------	----------------	--	-------------	---------------	-----------------	--

Inventor's Signature						Date	
----------------------	--	--	--	--	--	------	--

Residence: City	Haan	State		Country	Germany	Citizenship	Germany
-----------------	-------------	-------	--	---------	----------------	-------------	----------------

Post Office Address	Rathmacherweg 13						
---------------------	-------------------------	--	--	--	--	--	--

Post Office Address							
---------------------	--	--	--	--	--	--	--

City	42781 Haan	State		Zip		Country	Germany	Applicant Authority	
------	-------------------	-------	--	-----	--	---------	----------------	---------------------	--

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name	Josef	Middle Initial		Family Name	Koester	Suffix e.g. Jr.	
------------	--------------	----------------	--	-------------	----------------	-----------------	--

Inventor's Signature						Date	
----------------------	--	--	--	--	--	------	--

Residence: City	Duesseldorf	State		Country	Germany	Citizenship	Germany
-----------------	--------------------	-------	--	---------	----------------	-------------	----------------

Post Office Address	Faehrstrasse 226						
---------------------	-------------------------	--	--	--	--	--	--

Post Office Address							
---------------------	--	--	--	--	--	--	--

City	40221 Duesseldorf	State		Zip		Country	Germany	Applicant Authority	
------	--------------------------	-------	--	-----	--	---------	----------------	---------------------	--

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name	Norbert	Middle Initial		Family Name	Boyxen	Suffix e.g. Jr.	
------------	----------------	----------------	--	-------------	---------------	-----------------	--

Inventor's Signature						Date	
----------------------	--	--	--	--	--	------	--

Residence: City	Kempen	State		Country	Germany	Citizenship	Germany
-----------------	---------------	-------	--	---------	----------------	-------------	----------------

Post Office Address	Rosenstrasse 29						
---------------------	------------------------	--	--	--	--	--	--

Post Office Address							
---------------------	--	--	--	--	--	--	--

City	47906 Kempen	State		Zip		Country	Germany	Applicant Authority	
------	---------------------	-------	--	-----	--	---------	----------------	---------------------	--

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name	Celia	Middle Initial		Family Name	Kosboth	Suffix e.g. Jr.	
------------	--------------	----------------	--	-------------	----------------	-----------------	--

Inventor's Signature						Date	
----------------------	--	--	--	--	--	------	--

Residence: City	Duisburg	State		Country	Germany	Citizenship	Germany
-----------------	-----------------	-------	--	---------	----------------	-------------	----------------

Post Office Address	Sternbuschweg 87						
---------------------	-------------------------	--	--	--	--	--	--

Post Office Address							
---------------------	--	--	--	--	--	--	--

City	47057 Duisburg	State		Zip		Country	Germany	Applicant Authority	
------	-----------------------	-------	--	-----	--	---------	----------------	---------------------	--

☐ Additional inventors are being named on supplemental sheet(s) attached hereto